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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	US040168
First Named Inventor	Guofu Zhou, et al.
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AN ELECTROPHORETIC DISPLAY WITH REDUCED CROSS TALK

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450.

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Name: PHILIPS INTELLECTUAL PROPERTY & STANDARDS

Address: P. O. Box 3001

City: Briarcliff Manor State NY ZIP 10510-8001

Country U.S.A. Telephone: (914) 332-0222 Fax: (914) 332-0615

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventorGiven Name Guofu Family Name Zhou
(first and middle [if any]) or SurnameInventor's Signature  Date 21-07-04Best State NL Country NL
Residence: City

Galmheuvel 4

Mailing Address

Best State Zip NL Country
CityNAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventorGiven Name Jan van de Family Name Kamer
(first and middle [if any]) or SurnameInventor's Signature  DateHeerlen State NL Country NL
Residence: City

Heerenweg 322

Mailing Address

Heerlen State Zip NL Country
City Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventorGiven Name Guofu
(first and middle [if any])Family Name Zhou
or Surname

Inventor's Signature

Date

Best
Residence: City

State

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CitizenshipGalmheuvel 4
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(first and middle [if any])Family Name van de KAMER
or Surname

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City

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6414 AV
ZipNL
Country Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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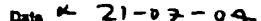
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Mark T.		Johnson	
Inventor's Signature 		Date 	
Residence: City	Veldhoven	State	Country NL
Citizenship GB			
Mailing Address De Geelgaster 18			
Mailing Address			
City Veldhoven	State	ZIP 5506 CA	Country NL
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
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